Vendor Info. Request Form

Department of Game and Inland Fisheries Request for Taxpayer Identification Number(s) and Certification

Each person or organization doing business with the Department of Game & Inland Fisheries must provide the following information. PAYMENT WILL NOT BE PROCESSED WITHOUT A CORRECTLY COMPLETED FORM

For further instructions, see the reverse side of this form.

CLASS	9 DIGIT TIN	TYPE OF TIN REQUIRED
Below, please place an "X" beside the class of your business organization.	e Enter your Federal Taxpay fication Number.	ver Identi-
Individual	<u> </u>	Individual's SSN
Sole Proprietorship		Owner's SSN AND
		Owner's FEIN, if applicable
Partnership		Partnership's FEIN
Corporation		Corporation's FEIN
Medical Corporation		Corporation's FEIN
Governmental		Government Entity's FEIN
Non-Profit		Organization's FEIN
Estate/Trust		Legal Entity's FEIN
Game Dept. Volunteer		Individual's SSN# (See reverse)
Legal Name	(must match the Social Security Numb	per, if applicable)
Trade Name (d/b/a)		
	(must match the Federal Employer Ide	ntification Number, if applicable)
ADDRESS PAYMENTS SHOULD BE S		
Address		
City	State .	Zip
ADDRESS IRS 1099 FORMS SHOULD		
Address		
·		
•	ess a minority owned business? (Se	
	ization (association, club, religious, ction 501 (a)?	, charitable, educational, or other group) tax exempt under
Yes No Are you a rea	al estate agent?	
	CERTIFICATIO	ON
Under penalties of perjury, I certify that:		
	The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a Number to be issued to me).	
·		am currently subject to backup withholding.
(Signature)	(Print Name)	(Date)